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Privacy Policy

The Sensory Pathway Center follows HIPAA Laws

 $\hfill\square$  Health records and billing information are protected from disclosure to any second or third parties.

 $\Box$  Client information is protected from other third parties.

□ Client information can be provided to other second parties such as The Sensory Pathway Center staff for efficient quality of care.

 $\Box$  Authorization Forms for Medical Release must be signed in order for information to be provided to any parties.

 $\Box$  Health information cannot be utilized for marketing purposes without consent from signing the Authorization Form for Medical Release.

 $\Box$  Photographs and videos cannot be utilized for marketing purposes without consent from signing the Media Release Form.

Authorized representative/guardian/parent (if minor)

Name: \_\_\_\_\_

(print) (signature)

Date:
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